

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

ETHICS AND
DISCLOSURE BOARD

2009 JAN - 1 AM 9:30

COMMITTEE NAME (Must be same as on Statement of Organization)

Employers Mutual Casualty Co. Political Action Comm for Responsible State Govt

IMPORTANT: Indicate by # type of committee you are reporting for: 2

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

**DISCLOSURE
REPORT**

For Office Use Only

Comm. # 6033

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.4(1)(3), the candidate, for a

Brian S. Kelley
SIGNATURE OF PERSON FILING REPORT

515-345-2950
TELEPHONE

12-31-08
DATE SIGNED

I AM FILING A January 19, 2009

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 11,699.80

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1,035.09

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 12,734.89

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1,175.00

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 11,559.89

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$ 0.00

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ 0.00

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Employers Mutual Casualty Co. Political Action Comm for Responsible State Govt

SCHEDULE A Rev. 07/03	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/3, 10/17, 10/31, 11/14, 11/28, 12/10, 12/26/08	ID# CK#	Norm Anderson 814 E Franklin Indianola, IA 50125 7 x \$5.00 =		\$35.00	<input type="checkbox"/>
"	ID# CK#	Monte Ball 304 41st St West Des Moines, IA 50265 7 x \$5.00 =		35.00	<input type="checkbox"/>
"	ID# CK#	Jeff Birdsley 3612 80th St Urbandale, IA 50322 7 x \$3.25 =		22.75	<input type="checkbox"/>
"	ID# CK#	Jean Bloomburg 4638 Elm St West Des Moines, IA 50265 7 x \$2.50 =		17.50	<input type="checkbox"/>
"	ID# CK#	Heather Boustead 7618 Madison Ave Urbandale, IA 50322 7 x \$2.49 =		17.43	<input type="checkbox"/>
"	ID# CK#	Scott Butler 100 30th St Des Moines, IA 50312 7 x \$1.91 =		13.37	<input type="checkbox"/>
"	ID# CK#	Alison Cate 6709 Compton Ct Johnston, IA 7 x \$1.00 =		7.00	<input type="checkbox"/>
"	ID# CK#	Dennis Christy 1801 NW 81st St Clive, IA 50325 7 x \$3.25 =		22.75	<input type="checkbox"/>
"	ID# CK#	Jim Clough 2842 Druid Hill Dr Des Moines, IA 50315 7 x \$3.25 =		22.75	<input type="checkbox"/>
"	ID# CK#	Ken Cumpston 1906 NW 152nd St clive, IA 50325 7 x \$3.25 =		22.75	<input type="checkbox"/>
SUB-TOTAL				\$ 216.30	
TOTAL (If last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 4
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Employers Mutual Casualty Co. Political Action Comm. for Responsible State Govt

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

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10/3, 10/11, 10/31, 11/14, 11/28, 12/10, 12/26/08	ID# CK#	Ray Davis 12926 Timberline Urbandale, IA 50323 7 x \$3.25 =		\$22.75	<input type="checkbox"/>
"	ID# CK#	Jim Dawson 9017 Ridgeview Dr Johnston, IA 50131 7 x \$3.50 =		24.50	<input type="checkbox"/>
"	ID# CK#	Ken Fitzgerald 2303 W Girard Ave Indianola, IA 50125 7 x \$2.50 =		17.50	<input type="checkbox"/>
"	ID# CK#	Jim Fontanini 929 43rd St West Des Moines, IA 50265 7 x \$7.50 =		52.50	<input type="checkbox"/>
"	ID# CK#	Nancy Green 823 16th St West Des Moines, IA 50265 7 x \$3.50 =		24.50	<input type="checkbox"/>
"	ID# CK#	Ron Hallenbeck 5880 Brentwood Circle Johnston, IA 50131 7 x \$9.25 =		64.75	<input type="checkbox"/>
"	ID# CK#	Ron Herman 1209 Bentwood Ct Altoona, IA 50009 7 x \$2.49 =		17.43	<input type="checkbox"/>
"	ID# CK#	Charles Herrold 4716 67th St Urbandale, IA 50322 7 x \$5.00 =		35.00	<input type="checkbox"/>
"	ID# CK#	Jessica Hilton 5322 SE 25th St Des Moines, IA 7 x \$.48 =		3.36	<input type="checkbox"/>
"	ID# CK#	Dave Hixenbaugh 4903 Lakewood Dr Norwalk, IA 50211 7 x \$3.84 =		26.88	<input type="checkbox"/>

SUB-TOTAL

\$ 289.17

TOTAL (If last page of this schedule)

\$

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Page 2 of 4
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Employers Mutual Casualty Co. Political Action Comm for Responsible State Govt

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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10/3/10/11 10/31/11/14 11/28/12/12 12/26/08	ID# CK#	Richard Hoffmann 717 S 25th Ct West Des Moines, IA 50265 7 x \$3.75 =		\$26.25	<input type="checkbox"/>
"	ID# CK#	Kevin Hovick 13560 Lake Shore Dr Clive, IA 50325 7 x \$5.00 =		35.00	<input type="checkbox"/>
"	ID# CK#	Curt Husske P. O. Box 248 Maxwell, IA 50161 7 x \$3.73 =		26.11	<input type="checkbox"/>
"	ID# CK#	Ron Jean 2214 Ridgewood Dr Altoona, IA 50009 7 x \$7.50 =		52.50	<input type="checkbox"/>
"	ID# CK#	Jerry McClelland 9609 Tanglewood Dr Urbandale, IA 50322 7 x \$4.00 =		28.00	<input type="checkbox"/>
"	ID# CK#	Denise Mernka 4328 New York Ave Des Moines, IA 50310 7 x \$1.61 =		11.27	<input type="checkbox"/>
"	ID# CK#	Bob Morlan 3404 Wakonda Ct Des Moines, IA 50321 7 x \$10.00 =		70.00	<input type="checkbox"/>
"	ID# CK#	William Murray 1770 Birchwood Circle Waukee, IA 50263 7 x \$3.25 =		22.75	<input type="checkbox"/>
"	ID# CK#	Bob Neswold 7106 El Rancho Ave Windsor Heights, IA 50322 7 x \$3.07 =		21.49	<input type="checkbox"/>
"	ID# CK#	Joel Oswald 4565 Parkview Dr Pleasant Hill, IA 50327 7 x \$3.00 =		21.00	<input type="checkbox"/>
SUB-TOTAL				\$ 314.37	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Employers Mutual Casualty Co. Political Action Comm for Responsible State Govt

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/3, 10/17, 10/31, 11/14, 11/28, 12/12, 12/26/08	ID#	Ron Paine 10577 Elmcrest Dr West Des Moines, IA 50265 7 x \$5.00 =		\$35.00	<input type="checkbox"/>
"	CK#	Sean Pelletier 13927 Bryn Mawr Dr Urbandale, IA 50323 7 x \$3.25 =		22.75	<input type="checkbox"/>
"	CK#	Mark Reese 4765 NW Lovington Dr Des Moines, IA 50310 7 x \$4.00 =		28.00	<input type="checkbox"/>
"	CK#	John Schumacher 4718 93rd Urbandale, IA 50322 7 x \$3.50 =		24.50	<input type="checkbox"/>
"	CK#	Robert Seiler 4030 124th St Urbandale, IA 50322 7 x \$3.25 =		22.75	<input type="checkbox"/>
"	CK#	Herb Suffell 990 3rd St Waukee, IA 50263 7 x \$5.00 =		35.00	<input type="checkbox"/>
"	CK#	Beech Turner 1654 Thornwood Rd West Des Moines, IA 50265 7 x \$3.25 =		22.75	<input type="checkbox"/>
"	CK#	Ron Zoss 8017 Plum Dr Urbandale, IA 50322 7 x \$3.50 =		24.50	<input type="checkbox"/>
	CK#				<input type="checkbox"/>
	CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 215.25	
TOTAL (If last page of this schedule)				\$ 1035.09	

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Page 4 of 4
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Employers Mutual Casualty Co. Political Action Comm for Responsible State Govt

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-16-08	ID# 1123 CK# 1142	Raeker for State Representative 9011 Iltis Dr Urbandale, IA 50322	Campaign Contribution	\$ 25.00
11-04-08	ID# 6435 CK# 1143	Iowa Insurance Institute PAC 729 Insurance Exchange Bldg Des Moines, IA 50309	Contribution	500.00
11-14-08	ID# 1318 CK# 1144	Paulsen for State House 1305 Cress Pkwy Hiawatha, IA 52233	Campaign Contribution	250.00
12-17-08	ID# 1318 CK# 1145	Paulsen for State House 1305 Cress Pkwy Hiawatha, IA 52233	Campaign Contribution	100.00
12-17-08	ID# 1400 CK# 1146	Upmeyer for House 2175 Pine Ave Garner, IA 50438	Campaign Contribution	100.00
12-17-08	ID# 1269 CK# 1147	McKinley for State Senate 21884 483rd Lane Chariton, IA 50049-0609	Campaign Contribution	200.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (If last page of this schedule)				\$ 1175.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)